

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N37613** (9)

1. Corporation Name

NEW WORLD PRESBYTERIAN CHURCH, INC.



Principal Place of Business: C/O REV. SAMUEL ORRIN SEWELL, 132 CHANNEL DRIVE, NAPLES FL 33963
Mailing Address: C/O REV. SAMUEL ORRIN SEWELL, 132 CHANNEL DRIVE, NAPLES FL 33963

3. Date Incorporated or Qualified: **04/10/1990**
3a. Date of Last Report: **01/30/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0187321	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

**SEWELL, SAMUEL ORRIN REV.
132 CHANNEL
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes

SIGNATURE

Signature, typed or printed name of registered agent, and (if applicable)

(NOTE: Registered Agent's signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONER, SHARON R	1.2 NAME	THOMAS A. BRODERSEN
STREET ADDRESS	769 103RD AVE N	1.3 STREET ADDRESS	27180 RICHVIEW CT
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FL 33923
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEWELL, SAMUEL REV.	2.2 NAME	LOIS C. DANIALS
STREET ADDRESS	132 CHANNEL DR	2.3 STREET ADDRESS	2455 PINWOODS CR
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	NAPLES, FL 33942
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEWELL, BUNNY REVE	3.2 NAME	
STREET ADDRESS	132 CHANNEL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	TRES. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS A. BRODERSEN	4.2 NAME	
STREET ADDRESS	27180 RICHVIEW CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	4.4 CITY-ST-ZIP	
TITLE	# D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS C. DANIALS	5.2 NAME	
STREET ADDRESS	2455 PINWOODS CR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33942	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel O. Sewell* **SAMUEL O. SEWELL** 4-9-96 941-591-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)